Revision:

HCFA-PM-91-4

August 1991

(BPD)

Page 1

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

	State: UTAH
Citation	As a condition for receipt of Federal funds under title XIX of the Social Security Act, the
42 CFR	
430.10	UTAH STATE DEPARTMENT OF HEALTH
	(Single State Agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

T.N. # 91-20 Approval Date <u>11-13-91</u> Supersedes T.N. # 80-06 Effective Date \_\_\_\_10-1-91

May 22, 1980

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State:	UTAH
SECTIO	ON 1 - SINGLE STATE AGENCY ORGANIZATION

Citation

1.1 Designation and Authority

42 CFR 431.10 AT-79-29 (a) The Utah State Department of Health is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

May 22, 1980

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

	MEDIC	,AL /	400101	TANCE PROGRAM
	State:			UTAH
	SECTION 1 - SINGLE S	STA <sup>-</sup>	ΓE AGE	ENCY ORGANIZATION (Continued)
Citation	1.1 <u>Des</u>	tinat	ion and	d Authority (Continued)
1902(a) of the Act	(b)	adn as d adn	ninistra of Janu ninister	agency that administered or supervised the tion of the plan approved under title X of the Act lary 1, 1965, has been separately designated to or supervise the administration of that part of which relates to blind individuals.  The State agency so designated is
			of the	agency has a separate plan covering that portion State plan under title XIX for which it is nsible.
		X	admin	pplicable. The entire plan under title XIX is nistered or supervised by the State agency d in paragraph 1.1(a).

 T.N. #
 HOD-06
 Approval Date
 8-8-80

 Supersedes T.N. #
 76-42
 Effective Date
 5-8-79

May 22, 1980

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

	MI	EDIC	CAL ASSISTANCE PROGRAM
State: _			UTAH
SECTION 1 - S	SING	SLE S	STATE AGENCY ORGANIZATION (Continued)
Citation	1.1	Des	ignation and Authority (Continued)
Intergovernmental Cooperation Act of 1968		(c)	Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.
			Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.
			Not applicable. Waivers are no longer in effect.
			X Not applicable. No waivers have ever been granted.

May 22, 1980

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State:	UTAH
--------	------

SECTION 1 - SINGLE STATE AGENCY ORGANIZATION (Continued)

Citation

1.1 <u>Destination and Authority</u> (Continued)

42 CFR 431.10 AT-79-29

- (d) \_\_ The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.
  - X Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

May 22, 1980

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State:	UTAH	
--------	------	--

SECTION 1 - SINGLE STATE AGENCY ORGANIZATION (Continued)

Citation

1.1 <u>Destination and Authority</u> (Continued)

42 CFR 431.10 AT-79-29

- (e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.
- (f) All other requirements of 42 CFR 431.10 are met.

May 22, 1980

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State:	UTAH	
SECTION 1 -	SINGLE STATE AGENCY ORGANIZATION (Continued)	

Citation

#### 1.2 Organization for Administration

42 CFR 431.11 AT-79-29

- (a)\_ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the DIVISION OF HEALTH CARE FINANCING AND STANDARDS has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
- (c)\_ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.

Not applicable.	Only staff of the agency named	in
paragraph 1.1(a	) make such determinations.	

T.N. #	HOD-06	Approval Date _	8-8-80
	_	·	
Supersedes T.N. #	76-45	Effective Date	5-8-79

May 22, 1980

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

	State:	UTAH
	SECTION 1 - SING	GLE STATE AGENCY ORGANIZATION (Continued)
Citation	1.3	Statewide Operation
42 CFR 431.50(b) AT-79-29		The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.
41-79-29		X The plan is State administered.

\_\_ The plan is administered by the political subdivisions of the State and is mandatory on them.

May 22, 1980

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State:	UTAH

SECTION 1 - SINGLE STATE AGENCY ORGANIZATION (Continued)

Citation 1	4 State Medical Care Advisory Committee
42 CFR 431.12(b) AT-78-90	There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.
42 CFR 438.104	X The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials. The State does not allow marketing as defined in 438.104(a).

T.N. # 03-016 Approval Date 3-3-04

Supersedes T.N. # 74-45 Effective Date 10-1-03

Revision: HCFA-PM-94-3 (MB) Page 9a

April 1994

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State:	UTAH

SECTION 1 - SINGLE STATE AGENCY ORGANIZATION (Continued)

Citation

#### 1.5 Pediatric Immunization Program

1928 of the Act

- (a) The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
  - (1) The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
  - (2) The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
  - (3) With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
  - (4) The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.

T.N. # 94-1	Approval Date _	8-31-94
Supersedes T.N. #	Effective Date	7-1-94

Revision: HCFA-PM-94-3 (MB) Page 9b

April 1994

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

S	State:			UTAH	
SECTIO	TE AGENCY ORGANIZATION (Continued)				
Citation	1.5	5 Pec	diatrio	c Immunization Program (Continued)	
1928 of the Act		(a)	(5)	The State will assure that no program-registered provider will charge more for the administration of vaccine than the regional maximum established Secretary. The State will inform program-register providers of the maximum fee for the administrativaccines.	of the by the ered
			(6)	The State will assure that no vaccine-eligible chi denied vaccines because of an inability to pay a administration fee.	
			(7)	Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secret prevent fraud or abuse, the State will not impose additional qualifications or conditions, in additional those indicated above, in order for a provider to qualify as a program-registered provider.	tary to any
		(b)	Lav	e State has not modified or repealed any Immuniz v in effect as of May 1, 1993 to reduce the amoun alth insurance coverage of pediatric vaccines.	
		(c)		e State Medicaid Agency has coordinated with the olic Health Agency in the completion of this prepringe.	
		(d)	imp	e State agency with overall responsibility for the plementation and enforcement of the provisions of stion 1928 is:	
			X	State Medicaid Agency State Public Health Agency	
T.N. #	94-14			Approval Date 8-3	1-94
Supersedes T.N. #				Effective Date	1-94